

# Medical Priority Dispatch System Urgently Needed in Hong Kong

## I: Background

Civic Exchange has called for the Medical Priority Dispatch System (MPDS) to be implemented in Hong Kong for at least five years. This is a system that can help to save lives in a city that has heavy demand on ambulance service1.<sup>1</sup> This matter should have received high policy priority much earlier.

Now that the HKSAR Government has finally adopted a new policy, it should be implemented as quickly as possible. To implement MPDS expeditiously, the Security Bureau and Fire Services Department (FSD) need the support of legislators, as additional funding is required for the purchase of new hardware and software for the call centre plus personnel training, additional ambulances and crew, as well as public education.

We understand there may still be questions in some quarters about the MPDS and the proposed response time targets. We would like to address them and urge members of the Security Panel of the Legislative Council to approve the government's proposal without delay.

## II: The Proposed MPDS

The MPDS is increasingly used around the world and its integrity in helping to save lives is not in doubt, which is why it has the clear support of Hong Kong's medical professionals and their professional bodies. The result of the government's 4-month consultation conducted in 2009 also showed overwhelming public support that ambulance dispatch should be prioritized in accordance with the degree of urgency of the calls.

The MPDS requires new equipment and software to be purchases so that FSD staff at the centralized centre receiving emergency calls can be trained to use the new system. The current standard of the FSD dispatch system is good, which provides a solid foundation for retraining so as to change to the new MPDS.

The government's proposed response time targets for Categories 1 to 3 compares well with overseas best practices2<sup>2</sup>, and thus can be used for implementation as soon as possible so as not to waste more time. Further improvements can come at a later stage once the system is up and running.

It needs to be emphasized why Hong Kong needs to move ahead quickly from the outset – the current system is a 'first-come-first-serve' system with a 12-minute response time that ignores the severity of the condition of the person needing medical care. The dispatch staff at the call centre has no way to prioritize calls because they operate under policy set by the government.

<sup>&</sup>lt;sup>1</sup> In 2008, there were some 600,000 calls or about 1,640 calls a day on average. In 2009, there were over 680,000 calls or about 1,800 calls a day on average.

<sup>&</sup>lt;sup>2</sup> The government's proposed response targets are Category 1 (critical or life threatening) 9 minutes; Category 2 (serious but not life-threatening) 12 minutes; and Category 3 (non-acute) 20 minutes, all with an achievement pledge target of 92.5%. The system operates to the principle of "if in doubt, dispatch immediately" (i.e. doubtful cases are classed as Category 1 cases).



The MPDS represents a new government policy. The dispatch staff will operate under a new medically-approved protocol designed to provide priority service to those in critical need first in order to increase the chances of saving lives. The government's new policy is thus the critical chain to improve the effectiveness of the ambulance dispatch service. The faster that an ambulance can be dispatched, the earlier an ambulance can arrive, and the faster the patient can reach a hospital resulting in a higher chance that he can be helped.

The next chain is the actual ambulance service, as it is the transport service that delivers the patient to a hospital. Ambulance officers are trained to give pre-hospital care to prevent deterioration of a patient's condition. Ambulance service is thus another critical link in the chain. The standard of ambulance service in Hong Kong is good.

It needs to be emphasized that implementation of the MPDS is about re-setting government policy, which requires new equipment and training of staff at the central call centre. The change for those operating ambulance services is relatively minor. While additional ambulances will be needed and new ambulance staff recruited, the focus of the implementation of the MPDS lies with FSD management and the dispatch centre.

Stages I and II of the proposed phased implementation, as laid out in the Legislative Council Paper from Security Bureau and FSD, for discussion on 13 April 2010, shows time and care will be given to preparing the protocol and training dispatch centre staff.

## III: Analysis of Stakeholders Feedback

An analysis of stakeholder views of the proposed MPDS can be done from government information, media reports and specific stakeholders' feedback.

- 1. <u>Public and Patients</u>: Overwhelming support, with patient groups suggested improving the response time for Category 3 cases.
- 2. <u>Medical Professionals and Medical Professional Associations</u>: Overwhelming support.
- 3. <u>Ambulance Staff Unions</u>: While they do not object to the MPDS in principle, they have also called for a further shortening of the response time by a substantial margin, which will increase the need for more ambulances and increasing staff3<sup>3</sup>. Their proposal diverts attention away from the central dispatch centre to increasing hardware and ambulancemen.

#### **IV: Conclusion**

The current proposal brings Hong Kong on par with world's best practice. Our key concern is that calls for shortening the response time should not delay the long-delayed implementation of the MPDS.

The government's proposal is a great and meaningful step forward in the community's interest. Further improvements should be the discussion after the proposal has been implemented when appropriate assessments can be made.

Indeed, Security Bureau and FSD should look to expedite implementation once they can see progress in call centre staff training and successful adaptation of the relevant software. After all, it is in the community's benefit for full roll-out of the MPDS.

<sup>&</sup>lt;sup>3</sup> The Ambulancemen's Union suggested a 2-tier system with 6 minutes for Category 1 response time and 11 minutes response for Category 2 calls.